

4. COMMUNITY HEALTH IN WICHITA/SEDGWICK COUNTY: MEDICAL SOCIETY OF SEDGWICK COUNTY

The role and importance of public health, community health, and preventive medicine in resolving individual and community health problems is reflective of the old adage “what goes around comes around.” The history of activities exemplifying this statement could begin with the teachings of Dr. Samuel Crumbine, “Don’t spit on the sidewalk” and eliminating the common drinking cup; through chlorination of water, pasteurization of milk, improved waste disposal, the advent and use of immunizing agents and antibiotics for controlling communicable diseases. Currently, our public health programs are addressing areas of community need: the recognition of the importance of epidemiological studies relating to disease management, treatment outcome measurements, promotion of healthy life styles, proper nutrition, physical fitness, injury prevention, and the delivery of coordinated health care service based on individual and community needs. This latter activity is reflected through the current community health assessment project which demonstrates a partnership venture involving the whole community in identifying medical needs, existing and needed resources as well as practical approaches to resolving on a priority basis the identified needs.

Organized in 1904, the activities and purpose of the Medical Society have followed a similar evolutionary process. Initially, through regular meetings attended by most physicians, it provided a source for professional and social interaction, a setting for discussing interesting cases, new theories and methodologies in diagnosing and treating disease and infirmity.

Over the past 30 years, the Society has broadened its role and activities from being membership directed to include the formation of partnerships and working more closely with other community groups in evaluating and resolving community problems. Examples of these efforts include:

Development of a nationally recognized county-wide pre-hospital emergency medical service program.

Organization of a medical service program for the needy. First started in 1937, today this program is carried out in cooperation with the United Way, area pharmacists, ophthalmologists and optometrists providing eye-glasses and certain prescription medications to persons not eligible for other assistance programs.

Coordination of a hot-line prescription information program in cooperation with area pharmacists to reduce the efforts to obtain addictive medications through fraudulent or illegal means.

Administration of a consolidated information gathering program on behalf of the area hospitals to verify the credentials of all physicians having hospital privileges in Sedgwick County.

Creation of a national accredited medical utilization review program to assure that medical services provided through involved insurance plans are based on medical necessity in accordance with established protocols and provided in the appropriate setting.

Promotion of health and medical legislation at the state level which addresses individual and community issues on a practical and objective basis.

Establishment of a close working relationship with the local health department as evidenced by the current director serving on the Society's Board of Directors, Public Health Commission and Emergency Medical Service (EMS) Physician Advisory Committee.

Support of the Women's Auxiliary efforts to promote and carry out educational programs relating to domestic violence, the environment, teenage pregnancies, etc.

Development of, in cooperation with local labor union representatives, the Sedgwick County Health Care Cost Containment Roundtable. This group consists of persons representing labor, business, industry, insurance, and medical care providers. The purpose was to establish a forum where health care delivery issues and concerns could be discussed in an open and constructive manner.

Operation of a preferred provider health care delivery program having contracts with 2,173 Kansas physicians, 82 hospitals, 24 insurance companies, and 124 employer groups. This program services approximately 130,000 persons throughout the State of Kansas.

Participation as an equity partner with area and out of area hospitals in developing a managed care program (Community Care of Kansas -- C.C.K.) Designed to serve the Medicaid population in Sedgwick, Montgomery, Bourbon, and Finney Counties. This risk-sharing proposal is in the final stages of negotiations involving the Kansas Governor and the Department of Social and Rehabilitation Services.

Managed care programs, although in need of further refinement, can provide the impetus for initiating the concepts embodied in public health, preventive and community medicine programs. To be successful and remain economically viable, managed care programs must promote wellness and healthy lifestyle programs, provide disease prevention benefits, and coordinate needed medical services through the patient's primary care physician.

In response to the changing concepts in health care delivery, the mal-distribution of primary care physicians, and in efforts to improve patient access to primary care services, medical schools have and are continuing to modify their teaching curriculums. Recognizing that individual physician practice patterns are determined and/or significantly influenced through the formal residency training programs, more emphasis is being placed on the importance and role of preventive and community medicine. This is evident at the [UKSM-W](#) with the addition of the Department of Preventive Medicine in 1993 and expansion of the family practice teaching programs. Currently, the Medical School's teaching staff, as well as the residents, participate in staffing the health care clinics carried out on a cooperative basis with the local health department.

While constantly evaluating and identifying the weaknesses and deficiencies within the current health care delivery system, the medical community, including the Medical Society, continues to work cooperatively with other related groups in addressing tomorrow's health care issues such as: effective quality assurance measurements, disease and pain management, the terminally ill patient and end of life care, the role of telemedicine, the needs of the indigent and uninsured population, as well as violence in today's society.

A major public health concern remains as to how we can get the public to live healthy, happy and productive lifestyles in times of wellness, be compliant patients during times of illness, and all the while residing as responsible citizens in our communities and adjusting to the many nuances of a new health care delivery system.

Only time will tell whether the new delivery system of medical care proves acceptable, effective and efficient, or will the persisting public health issues resurface in years to come in a new format of social concern.

Joseph C. Meek, Jr., M.D.
MSSC 1996 President

Dwight Allen
MSSC